

## OVHA Over-The-Counter (OTC) Pharmacy Coverage

Vermont Medicaid, VHAP, VHAP Pharmacy, Dr. Dynasaur, State Children's Health Insurance Program (SCHIP)	<ol style="list-style-type: none"> <li>1. Medicaid OBRA rebate agreement required.</li> <li>2. OTC coverage requires a prescription, and the drug must be part of the medical treatment for a specific current health problem.</li> <li>3. PA may be required.</li> </ol>
VHAP Limited (Medicaid by 1115 Waiver)	<ol style="list-style-type: none"> <li>1. Medicaid OBRA rebate agreement required on drugs.</li> <li>2. OTC coverage limited to diabetic supplies, syringes, needles, loratidine, cetirizine, smoking cessation drugs, Prilosec OTC®, and Non-steroidal Anti-inflammatory analgesics (NSAIDs). A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.</li> <li>3. PA may be required.</li> </ol>
VScript (Medicaid by 1115 Waiver), VScript Expanded (100% State funded)	<ol style="list-style-type: none"> <li>1. Maintenance drugs coverage only.</li> <li>2. Medicaid rebate agreement required for VScript.</li> <li>3. Medicaid state-only (supplemental) agreement for VScript Expanded.</li> <li>4. PA may be required.</li> <li>5. OTC coverage limited to diabetic supplies, loratidine, cetirizine, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDs). A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.</li> </ol>
VPharm 1 (100% State funded)	<ol style="list-style-type: none"> <li>1. Medicaid OBRA rebate agreement required.</li> <li>2. OTC coverage limited to those drugs that are not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.</li> <li>3. PA may be required.</li> </ol>
VPharm 2 & 3 (100% State funded)	<ol style="list-style-type: none"> <li>1. Maintenance drugs coverage only.</li> <li>2. Medicaid OBRA rebate agreement required for VPharm 2 and 3.</li> <li>3. Medicaid state-only (supplemental) rebate agreement required for VPharm 3.</li> <li>4. OTC coverage limited to diabetic supplies, loratidine, cetirizine, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDs) when not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.</li> <li>5. PA may be required.</li> </ol>
Employee Sponsored Insurance (ESI) Wrap - Eligible for VHAP (Medicaid by 1115 Waiver)	<ol style="list-style-type: none"> <li>1. Medicaid OBRA rebate agreement required.</li> <li>2. Coverage wraps ESI plan OTC coverage. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem.</li> <li>3. PA may be required.</li> </ol>
Employee Sponsored Insurance (ESI) Wrap - Not eligible for VHAP (100% State funded)	<ol style="list-style-type: none"> <li>1. Medicaid OBRA rebate agreement required.</li> <li>2. OTC coverage limited to those drugs used to treat the 11 chronic conditions: Asthma, Depression, Hyperlipidemia, Hypertension, Diabetes, Arthritis, COPD, Ischemic Heart Disease, Congestive Heart Failure, Chronic Renal Failure and Low Back Pain.</li> <li>3. PA may be required.</li> </ol>